FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074944 (7)**

1. Corporation Name

HEALTH CHOICE PARTNERS, INC.

Principal Place of Business
3401 W. END AVE., SUITE 700
NASHVILLE TN 37203

Mailing Address
3401 W. END AVE., SUITE 700
NASHVILLE TN 37203

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 1200
Suite, Apt. #, etc.
27
City & State
28 Nashville, TN
Zip 29 37202-1200 Country 30

4. FEI Number: 58-2237499 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — (NEW Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DEVC	☐ DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VS	☐ DELETE
NAME	SOLTMAN, RONALD P	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VTAS	☐ DELETE
NAME	TONNIES, RUSSELL F	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VAS	☐ DELETE
NAME	PARR, RICHARD A II	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	VAS	☐ DELETE
NAME	SPALDING, JAMES H	
STREET ADDRESS	3401 WEST END AVENUE SUITE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	DPCE	☑ DELETE
NAME	AMARAL, DONALD J	
STREET ADDRESS	3401 WEST END AVE. STE. 700	
CITY-ST-ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	☑ Change ☑ Addition
6.2 NAME	Karen H Abbott	
6.3 STREET ADDRESS	3401 West End Ave. Ste 700	
6.4 CITY-ST-ZIP	Nashville, TN 37203	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen H Abbott — Karen H. Abbott — 3/8/96 — 615-383-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #